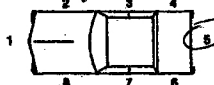
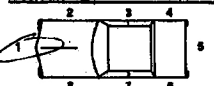


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-20276		<input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE										
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED										
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: DAY 11 MONTH 12 YEAR 14		FRI		TIME: MILITARY 1847							
CRASH OCCURRED ON Private Property			WITHIN THE INTERSECTION OF 740 Columbus														
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE											
LOG-1		LOG-2		LOC JUR FH9 FILT													
A	UNIT NO. 1	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Alfa Vision Ins Corp											
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Edwards Derrick L				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1069 Heritage Trac Lebanon OH 45036													
PHONE NO.		BIRTH DATE 6/17/72		AGE 42	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RR526064		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) Scabo Anthony K				ADDRESS Same				PHONE									
VEH YR 2012	MAKE Toyota	MODEL SW		COLOR Silver	STYLE	STATE OH	LICENSE PLATE NO. 6IM4227		TOWING SERVICE		VEH/PED DIR FROM TO						
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT All State											
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Land Donald				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 445 Magnolia Dr Lebanon OH 45036													
PHONE NO.		BIRTH DATE 12/24/69		AGE 44	SEX M	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RT135595		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) Land Amy				ADDRESS Same				PHONE									
VEH YR 2010	MAKE Ford	MODEL 45		COLOR Grey	STYLE	STATE OH	LICENSE PLATE NO. FMN8314		TOWING SERVICE		VEH/PED DIR FROM TO						
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE							
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES								
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F								
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED						
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F		CONDITION 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN						
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	A B C D E F		A B C D E F								
		ADDRESS		PHONE		SEX	A B C D E F		A B C D E F								
A	B	C	INJURED TAKEN TO		By		A B C D E F		A B C D E F		ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
D	E	F	INJURED TAKEN TO		By		A B C D E F		A B C D E F		TESTED						
A	B	C	OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN						
D	E	F	OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		TESTED						
A	B	C	OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		TESTED						
D	E	F	OFFENSE CHARGED AND DESCRIPTION				A B C D E F		A B C D E F		TESTED						
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		EJECTION A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY				1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLEGAL DRUG					
M 10 Y 14		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO															